JUN 2 5 2009 CO PARTIES TARADEMARKOR

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

### **FEE TRANSMITTAL**

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known			
Application Number	10/519,856		
Filing Date	December 29, 2004		
First Named Inventor	David Aaron Crowther		
Examiner Name	Sherief Badawi		
Art Unit	2167		
Attorney Docket No.	PU020329		

TOTAL AMOUNT OF PAYMENT \$180.00 **CUSTOMER NUMBER: 24498** METHOD OF PAYMENT (check all that apply) Other (please identify): None ☐ Credit card ☐ Check ☐ Money Order Deposit Account: Deposit Account Number <u>07-0832</u> THOMSON LICENSING LLC **Deposit Account Name:** For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below, except for the filing fee □ Charge fee(s) indicated below □ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Independent Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE: \$180.00 \$180.00

SUBMITTED BY				
Name (Print/Type)	Robert B. Levy Registration No. (Attorney/Agent)	28,234	Telephone	(609) 734-6820
Signature				June 19, 2009

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PATRADEMARKO

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METHOD OF PAYMENT (	check all that a	pply) CUST	OMER NUME	BER: 24498			
☐ Check ☐ Cr	edit card	☐ Money C	Order	None	Other (plea	ase identify):	
Deposit Account: Deposit Account Number 07-0832  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	(All the fees	s below are du	e upon filing or	may be subject to	a surcharge.)	· · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SE	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH Small Entity		CH FEES Small Entity	EXAMINATION FEES Small Entity		ntity	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM F Fee Description Each claim over 20 (inclue Each independent claim Multiple dependent claim	uding Reissues over 3 (includi Is	ng Reissues)			5 20 36	0	Fee (\$) 25 100 180
Total Claims - 20 HP = highest number of the	or HP =	tra Claims id for, if greater t	Fee (\$) x han 20.	<u>Fee Paid (\$)</u>		Itiple Depende e (\$)	Fee Paid (\$)
Independent Claims - 3 c HP = highest number of i	or HP =	ctra Claims		<u>Fee Paid (\$)</u>			
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sh	<u>ieets</u> <u>N</u>	lumber of each a	additional 50 or fra	ction thereof	Fee (\$)	Fee Pald (\$)
- 100 =		/ 50 =	(rou	nd <b>up</b> to a whole nu	mber) x		_ =
4. OTHER FEE(S) Non-English Specifica			•				Fees Paid (\$)
Other (e.g., late filing surcharge):INFORMATION DISCLOSURE STATEMENT FEE: \$180.00				\$180.00			

SUBMITTED BY			
Name (Print/Type)	Robert B. Levy Registration No. (Attorney/Agent)	28,234 Telephone	(609) 734-6820
Signature			June 19, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2,

CUSTOMER NO.: 24498 Serial No. 10/519,856 PATENT PU020329 AFIRE

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Before the Board of Patent Appeals and Interferences

**Applicants** 

David Aaron Crowther et al

Serial No.

10/519,856.

Appeal No.: 2009-5489

Filed

: December 29, 2004

For

HETEROGENEOUS DISK STORAGE

MANAGEMENT TECHNIQUE

Examiner

Sherief Badawi

Art Unit

2167

#### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

[ ] 1 Pursuant to 37 CFR 1.97(b)

[within 3 months of filing or prior to 1st Office Action]

[ ] 2 Pursuant to 37 CFR 1.97(c)

[before Final Office Action or Allowance]

[X] 3 Pursuant to 37 CFR 1.97(d)

[after Final Office Action or Allowance, but prior to payment of Issue Fee]

Mail Stop: Appeal Brief - Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 &

1.98:

[X] 4 A list of documents on form PTO/SB08a and/or PTO/SB08b together with copies of each identified document and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- [ ] 5 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
- [ ] 6 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
  - [ ] (a) The required certification made in item 8(a) below; OR
  - [ ] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.
- [X] 7 37 CFR 1.97(d): [after Final Office Action or Allowance, but prior to payment of Issue Fee]; and
  - [X] (a) The required certification made in item 8(a) below; AND
  - [X] (b) The \$180.00 fee specified in 37 CFR 1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below.

06/25/2009 MBELETE1 00000012 070832 10519856

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- [X] (a) Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or
- [ ] (b) No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.
- [X] 9 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. <u>07-0832</u>. An original and one (1) copy of this document is enclosed.

Respectfully submitted,

DAVID AARON ROWTHER ET AL.

BY:

Robert B. Levy

Registration No. 28,234

(609) 734-6820

Thomson Licensing LLC
Patent Operations
P. O. Box 5312
Princeton, New Jersey 08543-5312

June 19, 2009

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Dotor

Signatures Setruca M. Clearsway

Patricia M. Fedorowyc

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JUN 2 5 2009

CUSTOMER NO.: 24498 Serial No. 10/519,856

PATENT PU020329

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BY:

Robert B. Levy Registration No. 28,234

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Date:

Patricia M. Fedorowyc

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